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SEGNETARY OF STATE

COVER LETTER

	ion Section of Corporations			
SUBJECT:	:	SSL ONE, LL	.C	
	Name	of Limited Liability C	ompany	
Dear Sir or Madan	n:			
The enclosed Artic	cles of Correction and fee(s)	are submitted for filing	3 .	
Please return all co	orrespondence concerning th	is matter to the followi	ng:	
·	Robert A. White, E	sq		
	Name of Person			
	Robert A. White, P	.A.	=	2 0 1
	Firm/Company		– L A	7010 OCT
	1401 University Dri	ve	ASS.	112
	Address Coral Springs, FL 33	3071		
	City/State and Zip Code		Ē	100 m
iı	nfo@sanspareiloptica	l.com		
E-mail addre	nfo@sanspareiloptica ss: (to be used for future ann	ual report notification)	<u> </u>	
For further informa	ation concerning this matter,	please call:		
R	tobert A. White	at (954	755-0700	
Ŋ	Name of Person	Area C	ode & Daytime Telephone Number	
STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, Florid	on rations onter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a chec	k for the following amount	:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	* at *
CR2E062 (08/05)				

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: SSL ONE, LLC		
SECO (CH	ND: The articles of organization or the application to transact business HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	'ATEM	<u>ient</u>
V	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows: LIPAWSKI, STEVEN R should appear as LIPAWSKY, STEVEN R	tement	is
		SECK	2010
	OR Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	THASSEET LOR)CT 12 M (2):
		PA F	<u>en</u>
Dated:	Signature of a member or authorized representative of a member		
	Robert A. White Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		